

Newsletter Spring 2011

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HEALTHY KIDS BETTER STUDENTS

**MASSACHUSETTS
COORDINATED
SCHOOL HEALTH PROGRAM**

Hello and welcome to the spring edition of the Coordinated School Health (CSH) newsletter! In each issue of our seasonal newsletters, we focus on one topic relating to school health concerns—including the latest research, success stories and action steps for schools. This issue highlights health education in schools. In 2010 14% of Massachusetts middle and high schools did not require any health education course, 26% did not have a written curriculum for health education and 41% did not have plans on how to assess student performance.¹ Educating youth about their health and giving them the skills they need to make healthy lifestyle choices is essential for the future health of our nation. Schools are in an ideal position to contribute to this skill development by providing high-quality health education for all students in grades K-12. This newsletter contains multiple resources and tips on how to get started or improve your existing health education program.

If you have any questions about our program or need assistance implementing Coordinated School Health or Wellness Policies, please contact us.

Thanks and have a healthy day!

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*A partnership
of the Massachusetts
Departments of
Elementary and
Secondary Education
and Public Health.*

¹ 2010 MA School
Health Profiles



Coordinated School Health (CSH)

CSH is a joint initiative between the Massachusetts Departments of Elementary and Secondary Education and Public Health funded by the Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC/DASH). Our team's primary goal is to improve school policies, environment and instruction relating to physical activity, nutrition and tobacco. Research shows that improvement in these areas contributes not only to the healthy development of students, but to their academic success as well.



In order to accomplish these goals, we promote the Coordinated School Health model as an approach where all school health-related activities are integrated within the school and community in an effort to enhance the health and academic outcomes of students. This model provides a framework for creating links between nine existing components:

- Health Education • Physical Education • Health Services
- Food & Nutrition Services • Counseling, Psychological and Social Services
- Safe & Healthful School Environment • Health Promotion for Staff
- Family/Community Involvement • Family & Consumer Sciences Education

CSH staff provides training and resources to schools to promote the healthy development of Massachusetts youth. Staff members also provide technical assistance, such as curriculum guidance or implementation of school physical activity, nutrition and tobacco policies. Additionally, CSH collects the biannual School Health Profiles surveys on health-related programs in Massachusetts middle and high schools, and works to increase coordination among state-level agencies and organizations working in school health. To learn more about CSH, please visit: www.cdc.gov/HealthyYouth/CSHP.



Massachusetts School Wellness Award Honors Healthy Schools

The Massachusetts Department of Elementary and Secondary Education and Massachusetts Department of Public Health would like to congratulate the following recipients of the first annual **Massachusetts School Wellness Award**! These award winning schools have shown a strong commitment to the health of their students and staff and we commend them for their outstanding achievement in:

- School Health Policies • Health Education • Physical Education
- Physical Activity • Nutrition • Staff Wellness • Tobacco Prevention

Massachusetts Success Stories: Health Education

Skills for Life at North Andover High School

Students at North Andover High School (NAHS) have a wide range of skills-based health classes offered by the Wellness Department to choose from, including Life Issues, Media Literacy and Health Promotion, Self Defense, Peer Leadership, Sports through History, and Mentoring. When coupled with physical education classes, students receive a well-rounded opportunity to explore the development of health-enhancing behaviors and identify ways to eliminate unhealthy behaviors. A skills-based approach to health education is more effective than teaching knowledge alone, since it gives students a chance to personalize information and practice health-enhancing behaviors.



This expansive set of offerings is new at NAHS. Administrators, parents and the community have made great strides in rebuilding the Wellness Department program after it was decimated by budget cuts several years ago. This rebuilding offered an opportunity to embed a skills-based approach in the program. Program offerings address the six major health risk behaviors identified by the Centers for Disease Control: sedentary

lifestyle, alcohol and other drug use, sexual activity, behaviors that cause injury, tobacco use, and poor eating habits.

The skills-based approach extends the traditional methods of teaching about health, which tend to be knowledge-based and didactic in nature. In contrast, skills-based health education focuses on development of knowledge, attitudes, values and skills, such as interpersonal skills, critical thinking, decision-making and self regulation. This approach utilizes student-centered and participatory methodologies.

Enhancements to the curriculum this year include Project Towards No Drug Abuse, a drug abuse prevention program for high school students, and an exploration of bullying. Both programs relied heavily on analyzing social scenarios as a mechanism to synthesize skills and knowledge. The staff also is currently working to identify skill-development opportunities

which could be embedded in core disciplines such as language arts. Although these skill-development opportunities are projected to be at least a year away from being implemented, it is an encouraging sign that skills-based health education is taking hold.

A New Curriculum Yields Results at Westborough High School

If you enter a ninth-grade wellness classroom on a typical day at Westborough High School (WHS), you will likely see a whirlwind of activity. On one side of the room, a group of students is using a computer to access information about Internet safety and another group is making a public service announcement about preventing prescription drug abuse. Across the room, some students are practicing a role-playing exercise about refusing to send "Sext" messages while others are creating lyrics for a rap song about the consequences of enabling alcoholism.

The move to a skills-based health education curriculum at WHS did not happen overnight, nor was it easy. The redesign process included intensive faculty training from health education expert consultant Mary Connolly. Her training included how to teach skills-based curricula and align it with the National Standards. In addition, wellness faculty spent numerous hours overhauling curriculum, moving it from content-based units to skill-based units.

Following research on resiliency and the benefit of strong teacher-student relationships, WHS invested in small class sizes targeting freshmen for a full semester. Then, during these students' remaining three years, they reconnect with teachers in smaller blocks of time in all grades. Teaching health to all grades has allowed the students at WHS to receive relevant information at critical developmental times in their high school experience.

The health and wellness program at WHS is an integral part of the school. The guidance department and the wellness teachers have reported an increase in self-advocacy from students. Administrators value the program because it includes content-specific issues in our ever-changing society. Students are excited about wellness, many citing the class as their favorite of the day. Parents have also expressed that they are glad their children are getting a "hands-on" approach in learning about wellness topics.

Long-time health educator Laurie Brown was skeptical when first introduced to the idea of drastically changing the curriculum. She now could not imagine going back. "The level of enthusiasm of students, the quality of participation and the real life application of what we do on a daily basis is really making a difference in our students' lives," she says.



Gold-level

Codman Academy Charter High School, Boston
Maria Hastings Elementary School, Lexington

Silver-level

Lexington High School

Bronze-level

Dr. Marcella R. Kelly School, Holyoke
Smith Vocational and Agricultural High School, Northampton

All schools received a Massachusetts School Wellness Award banner of recognition and materials to support their school wellness programs and activities.

Program Highlights:

- At the **Codman Academy Charter High School**, a student-run Nutrition Action Club organized "Junk Food-Free Month" and inspired students, staff and families to replace junk food with healthy snacks.
- To enhance students' wellness curriculum, **Maria Hastings Elementary School** held a successful "Wellness Evening" for families so that parents could learn about nutrition and participate in physical activities such as hip hop dance and karate with their children.

- Lexington High School** offers a wide range of physical education classes, such as yoga, tennis, jazz, recreational games, total body conditioning, and golf, so that students can experience a variety of individual and group fitness activities that can be used as part of a healthy lifestyle beyond high school.
- At the **Dr. Marcella R. Kelly School**, students participate in morning walks before school and staff are offered Weight Watchers and Zumba classes.

- Smith Vocational** students turned an unused classroom and part of an old locker room into beautiful weight and cardio training rooms. The rooms are open after school two days a week and more than 80 students have taken advantage of this opportunity to improve their health.

For more information about the award, contact Laura York: laura.york@state.ma.us

Health Education Guidelines

A comprehensive, skills-based health education program can help students gain the knowledge and skills necessary to make lifelong healthy decisions and avoid health-risk behaviors.

According to the Centers for Disease Control (CDC), comprehensive school health education refers to the development, delivery and evaluation of a planned curriculum, with goals, objectives, content, scope and sequence, assessment, and specific classroom lessons including assessment for students in pre-K through grade 12. The following are key elements of comprehensive health education:

- 1. A documented, planned and sequential program of health instruction for students in kindergarten through grade 12.**
- 2. A curriculum that addresses and integrates education on a range of categorical health problems and issues at developmentally appropriate ages.**
- 3. Activities that help young people develop the skills they need to avoid: tobacco use; dietary patterns that contribute to disease; sedentary lifestyle; sexual behaviors that result in HIV infection, other STDs and unintended pregnancy; alcohol and other drug use; and behaviors that result in unintentional and intentional injuries.**
- 4. Instruction provided for a prescribed amount of time at each grade level.**
- 5. Management and coordination by an education professional trained to implement the program.**
- 6. Instruction from teachers who are trained to teach the subject.**
- 7. Involvement of parents, health professionals and other concerned community members.**
- 8. Periodic evaluation, updating and improvement.**

Health education curricula should be aligned with the Massachusetts Comprehensive Health Curriculum Framework (www.doe.mass.edu/frameworks/health/1999/1099.pdf), the state's guideline for key content to be covered in health education and physical education. This document is currently being revised and the updated version is expected to be released in late 2012.

Additionally, curricula should address skills emphasized by the National Health Education Standards (NHES) as well as incorporate CDC's Characteristics of an Effective Health Education Curriculum. The NHES (www.cdc.gov/HealthyYouth/SHER/standards/index.htm), first published in 1995 by the Joint Committee on National Health Education Standards, contain written expectations for what students should be able to do by grades 2, 5, 8 and 12 to promote personal, family and community health.

The Characteristics of Effective Health Education Curricula have been identified by the CDC based upon reviews of effective programs and curricula, and input from school health education experts. This list of 14 elements reflects the growing body of research that emphasizes teaching functional health information, shaping personal values that support healthy behaviors, shaping group norms that value a healthy lifestyle, and developing the essential health skills necessary to adopt, practice and maintain health-enhancing behaviors. To view the characteristics, please visit: www.cdc.gov/HealthyYouth/SHER/characteristics/index.htm.

Research Update

Skills-based health education can reduce the prevalence of health-risk behaviors among youth and influence the development of health-related knowledge, attitudes and skills. Research also shows that students who can use functional health related knowledge and apply personal and social skills have better health status.¹

In Massachusetts, students who have more hours of required school health education per year than their peers appeared less likely to use tobacco, alcohol and other drugs.²

Health risk behaviors that contribute to chronic diseases—the leading causes of death in the U.S.—are often developed during childhood. School health education can help instill healthy behaviors in our youth to prevent or delay the onset of these diseases and, in the long run, save lives.³

1 Joint Committee on National Health Education Standards. (1995). National health education standards: Achieving health literacy. American Cancer Society, Inc.

2 MA Department of Elementary and Secondary Education. 1998 Report on the Health Protection Fund – Year V.

3 U.S. Department of Health and Human Services. Healthy Youth: An Investment in Our Nation's Future, 2007. Atlanta, GA: U.S. Department of Health and Human Services, CDC, Coordinating Center for Health Promotion; 2007.

Health Education Resources

The Centers for Disease Control and Prevention's (CDC's) School Health Education Resources (SHER) provides user-friendly access to school health education instructional resources for grades pre-K-12. The resources in SHER are all aligned with the National Health Education Standards. <http://apps.nccd.cdc.gov/sher>

The CDC's Health Education Curriculum Analysis Tool (HECAT) can help schools conduct a clear, complete and consistent analysis of their health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. This tool can be customized to meet local community needs and conform to the curriculum requirements of the school district. The HECAT can be downloaded or ordered at www.cdc.gov/HealthyYouth/HECAT.



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